2005 FOR PROFIT CORPORATION

Jan 26, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P95000097796 1. Entity Name BOB LEVINE, INC. Principal Place of Business Mailing Address 1337 FUNSTON ST 1337 FUNSTON ST HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0645509 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEVINE, ROBERT DO NOT WRITE 1337 FUNSTON ST HOLLYWOOD, FL 33019 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LEVINE, ROBERT U00000197621 01/27/05-80018-017 150.00 STREET ADDRESS 1337 FUNSTON ST. CITY-ST-ZIP HOLLYWOOD, FL 33019 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY - ST - ZiP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY - ST-ZIP

FILED